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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Nurse Practitioners/Political Action Committee PO Box 40473 ADDRESS (number and street) Check if different than previously DC 20016 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00358903 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Diana Swanson Type or Print Name of Treasurer Electronically Filed by Diana Swanson 0 1 28 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 2/19

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Nurse Practitioners/Political Action Committee D D [®]D 0.7 0 1 2008 0.9 3 0 2008 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 147537.03 January 1 (b) Cash on Hand at 165474.03 Begining of Reporting Period 10994.50 28931.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 176468.53 176468.53 6(a) and 6(c) for Column B) 27710.77 27710.77 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 148757.76 148757.76 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 19

Write or Type Committee Name

American Academy of Nurse Practitioners/Political Action Committee

Report Covering the Period:

From: 0 7

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^D 30

^Y 2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	3270.00	5020.00
(ii) Unitemized	7724.50	23911.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10994.50	28931.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10994.50	28931.50
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10994.50	28931.50
). Total Federal Receipts (subtract Line 18(c) from Line 19)	10994.50	28931.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committeesand Other Political Committees	13500.00	13500.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
J.	Coordinated Experiorities Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	14210.77	14210.77
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27710.77	27710.77
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	27710.77	27710.77
	from Line 31)	2//10.//	2//10.//

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	10994.50	28931.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10994.50	28931.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Nurse Pract	nd Statements may not be sold or used by any persong the name and address of any political committee to itioners/Political Action Committee	
Full Name (Last, First, Middle Initial) LISA BENSON Mailing Address 140 MOUNTAIN AV City SUMMIT FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	NURSE PRACTITIONER Aggregate Year-to-Date ▼ 860.00	
Full Name (Last, First, Middle Initial) MELISSA CHRISTIANSEN Mailing Address 26481 CONESTOG	GA CT	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4657
SUN CITY FEC ID number of contributing federal political committee. Name of Employer	CA 92586 C Occupation	Amount of Each Receipt this Period 300.00 CONTRIBUTION
NA Receipt For: Primary General Other (specify) ▼	NURSE PRACTITIONER Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) ELIZABETH PIMENTEL		Date of Receipt
Mailing Address 1318 MONTANA A	VE	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City EL PASO	State Zip Code TX 79902-5531	Transaction ID: SA11AI.4662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2110.00
Name of Employer NA	Occupation NURSE PRACTITIONER	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2110.00	
SUBTOTAL of Receipts This Page (optional	al)	3270.00
TOTAL This Period (last page this line num	pher only)	3270.00

TEMES DISPUSSION	Use separate schedule((check or	E NUMBER: PAGE //19 nly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	—	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Academy of Nurse Practitione	ame and address of any politic	al committee to s	
/ Milenball Academy of Naise Fractions	13/1 Olitical Action Commi	1100	
Full Name (Last, First, Middle Initial) MAX BAUCUS	ME ANA		Transaction ID: SB23.4609 Date of Disbursement 0 9 1 8 7 2 0 0 8
Mailing Address 818 CONNECTICUT A	VE NW		03 10 2000
City WASHINGTON	State Zip Code DC 20006		Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION		0 0	500.00
Candidate Name		Category/ Type	
X Senate President	rsement For: 2008 X Primary General Other (specify) ▼	7	
State: MT District:			
Full Name (Last, First, Middle Initial) LOIS CAPPS			Transaction ID: SB23.4764 Date of Disbursement
Mailing Address PO BOX 23940			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City SANTA BARBARA	State Zip Code CA 93121		Amount of Each Disbursement this Perio
Purpose of Disbursement CONTRIBUTION			300.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: CA District:	rsement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) JIM CLYBURN			Transaction ID: SB23.4579 Date of Disbursement
Mailing Address 499 SOUTH CAPITAL	ST SW #412		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement CONTRIBUTION		•	300.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2008 Primary X General Other (specify)	•	
State: DC District:			
			1100.00

ny Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioner Full Name (Last, First, Middle Initial) SUSAN COLLINS Mailing Address PO BOX 1096	Detailed S ements may not me and address	s of any political	d by a comr		22 28a for the purp				
r for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioner Full Name (Last, First, Middle Initial) SUSAN COLLINS	me and address	s of any political	comr						
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Candidate Name				tegory/ ype					
Office Sought: House Disburs	Primary Other (spec	2008 X General cify) ▼							
Full Name (Last, First, Middle Initial) ROSA DELAURO					Date of	Disburse			
Mailing Address 12 TRUMBALL ST					0 9	/ 1	8 / [ŽOĎ	8 ^Y
City NEW HAVEN	State CT	Zip Code 06511			Amount	of Each	Disburse	ment this	
Purpose of Disbursement CONTRIBUTION								300.0)
Candidate Name				tegory/ ype					
Office Sought: X House Senate President State: CT Disburs	Primary Other (spec	2008 X General							
Full Name (Last, First, Middle Initial) JOHN DINGELL					Date of	Disburse			
Mailing Address 19855 W OUTER DR #	103A-E				0 9	/ D 1	8 / Y	ŽOŎ	8 ^Y
City DEARBORN	State MI	Zip Code 48124			Amount	of Each	Disburse	ment this	
Purpose of Disbursement CONTRIBUTION					L.			300.0)
Candidate Name				tegory/ ype					
Senate President	Primary Other (spec	2008 X General cify) ▼							
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioners	/Political Action Commi	ttee	
	Full Name (Last, First, Middle Initial) DICK DURBIN			Transaction ID: SB23.4563 Date of Disbursement
	Mailing Address 101 WEST GRAND AVE	E #200		0 9 M / D 1 8 / Y 2 0 0 8 Y
	City CHICAGO	State Zip Code IL 60610		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name		Catamany	500.00
		ement For: 2008	Category/ Type	
	X Senate President	Primary X General Other (specify)		
_	State: IL District: Full Name (Last, First, Middle Initial) PHIL HARE			Transaction ID: SB23.4639 Date of Disbursement
	Mailing Address 224 18TH ST #303 PO BOX 4183			09 / 18 / 2008
	City ROCK ISLAND	State Zip Code IL 61204		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION			300.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: IL District:	ement For: 2008 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) TOM HARKIN			Transaction ID: SB23.4632 Date of Disbursement
	Mailing Address 426 C ST, NE			099 / 18 / 2008
	City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
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	X Senate President	ement For: 2008 Primary X General Other (specify)	Туре	
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<u>/</u>						
Full Name (Last, First, Middle Initial) STENY HOYER			Transaction ID: SB23.4635 Date of Disbursement O 9 1 8 2 0 0 8			
Mailing Address 7905 MALCOLM RD #	102		099 / 18 / 2008			
City CLINTON	State Zip Code MD 20735		Amount of Each Disbursement this Period			
Purpose of Disbursement CONTRIBUTION			300.00			
Candidate Name		Category/ Type				
Senate President	rsement For: 2008 Primary X General Other (specify)					
State: MD District: Full Name (Last, First, Middle Initial)						
PATRICK KENNEDY			Transaction ID: SB23.4607 Date of Disbursement			
Mailing Address 400 C ST NE #201	Mailing Address 400 C ST NE #201					
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period			
Purpose of Disbursement CONTRIBUTION			300.00			
Candidate Name		Category/ Type				
Office Sought: X House Senate President State: DC District:	rsement For: 2008 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial) JOHN KERRY			Transaction ID: SB23.4626 Date of Disbursement			
Mailing Address 129 PORTLAND ST SUITE 500			$\begin{bmatrix} & & & & & & & \\ & & & & & & \\ & & & & $			
City BOSTON	State Zip Code MA 02114		Amount of Each Disbursement this Period			
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X Senate President	rsement For: 2008 Primary X General Other (specify) ▼	•				
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_	State: AZ District: Runoff Full Name (Last, First, Middle Initial)					_			000		·-	
B.	ALEXANDER LAMAR					Date M		sburse				Υ
	Mailing Address PO BOX 75214					0.9		1	8 /	2	0 Ď 8	
	City WASHINGTON	State Zip Code DC 20013				Amou	unt o	f Each	Disburs			eriod
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C.	CARL LEVIN						of Di	sburse	ment	J. 4 33		
	Mailing Address 26115 GREENFIELD RI)				0 ^M 9	М	1	8 /	Ý Ž	0 0 8	Y
	City SOUTHFIELD	State Zip Code MI 48076				Amou	unt o	f Each	Disburs			eriod
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	χ Senate President											
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam											
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بـــ ۸.	Full Name (Last, First, Middle Initial) NITA LOWERY					Date	of Di	sburse		.4601		
	Mailing Address PO BOX 271					0 9	М	1	8 /	ž	8 Ó 0	Y
	City WHITE PLAINS	State Zip Code NY 10605				Amou	int of	f Each	Disburse			eriod
	Purpose of Disbursement CONTRIBUTION					L.				30	0.00	
	Candidate Name		С	ateg Typ	-							
	Senate President	ement For: 2008 Primary X General Other (specify)										
_	State: NY District: Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	SB23	.4628		
3.	EDWARD MARKEY					М	of Di	sburse	D /	Y Y	0 Å 0	Y
	Mailing Address PO BOX 526					0 9	_		8	_		
	City MEDFORD	State Zip Code MA 02155				Amou	int of	Each	Disburse			eriod
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	Candidate Name		С	ateg Typ	•							
	Office Sought: X House Senate President State: MA District: Disburse	ement For: 2008 Primary X General Other (specify)										
).	Full Name (Last, First, Middle Initial) JOHN MCCAIN					Date	of Di	sburse				
	Mailing Address PO BOX 10443					0 9	М	1	8 /	ž	8 Ó 0	Y
	City PHOENIX	State Zip Code AZ 85064				Amou	int of	f Each	Disburse	ement	this P	eriod
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	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 13 / 19
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	y Information copied from such Reports and State for commercial purposes, other than using the na			d by any person	for the purpose of soliciting contributions
\(\)	NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioner				once contributions from Such committee
<u>/_</u>	Full Name (Last, First, Middle Initial) BARACK OBAMA				Transaction ID: SB23.4605 Date of Disbursement
	Mailing Address PO BOX 8102				09 18 7 2008
	City CHICAGO	State IL	Zip Code 60680		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name			Ostssand	1000.00
		sement For:	2008	Category/ Type	
	Senate X President	Primary Other (sp	X General		
	State: IL District: Full Name (Last, First, Middle Initial) DAVE OBEY				Transaction ID: SB23.4595 Date of Disbursement
	Mailing Address PO BOX 1322				0 9 / 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WAUSAU	State WI	Zip Code 54403		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION				300.00
	Candidate Name			Category/ Type	
	Office Sought: X House Senate President State: WI District:	Primary Other (sp	2008 X General ecify) V		
	Full Name (Last, First, Middle Initial) JOHN OLVER				Transaction ID: SB23.4573 Date of Disbursement
	Mailing Address PO BOX 819				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City AMHERST	State MA	Zip Code 01004		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION				300.00
				Category/	
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	ARL POMER								of Disb	ID: SB2 ursement	3.4637	
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	ity IEW YORK			State NY	Zip Code 10027			Amo	ount of E	ach Disbur		
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American Academy of Nurse Practitioners/Political Action Committee Full Name (Last, First, Middle Initial) LUCILLE ROYBAL-ALLARD Mailing Address PO BOX 582 City KENSINGTON MD 20895 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: X House President State: MD District: Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ Mailing Address 201 LEEDOM ST City Office Sought: X House President State: PA District: Candidate Name Office Sought: X House President District: Office Sought: X House President State: MD District: Full Name (Last, First, Middle Initial) GORDON SMITH Mailing Address 4949 MEADOWS RD #625 City City City City Office Sought: X House President State: PA District: City Category Type Office Sought: X House President State: PA District: City Category Type Office Sought: X House President State: PA District: City Category Type Office Sought: X House President State: PA District: City Category Type Office Sought: X House President State: PA District: City Category Type Office Sought: X House President State: PA District: City Category Type Office Sought: X House President CONTRIBUTION Candidate Name City Category Type Office Sought: X House President State: OR Disbursement CONTRIBUTION Candidate Name Disbursement For: 2008 Primary X General Other (specify) ▼ State: PA District: State: OR Disbursement Contribution Category Type Office Sought: X House President State: OR District: State: OR Disbursement For: 2008 Primary X General Other (specify) ▼ State: OR Disbursement For: 2008 Primary X General Other (specify) ▼ State: OR Disbursement This Page (optional) Disbursement For: 2008 Primary X General Other (specify) ▼ Substotal Obsbursement This Page (optional) Disbursement For: 2008 Primary X General Other (specify) ▼ Substotal Transaction ID: SB23.4581 Amount of Each Disbursement Total Transaction ID: SB23.4583 Date of Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursem	ITEMIZED DISBURSEMENTS		21b 22 X 23	
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/ American Academy of Nurse Practitioners/l	Political Action Commit	iee	
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Full Name (Last, First, Middle Initial) PETE STARK			Transaction ID: SB23.4577
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,	State Zip Code CA 94537		Amount of Each Disbursement this Period
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NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioners	Political Action Committee		
Full Name (Last, First, Middle Initial) HENRY WAXMAN			Transaction ID: SB23.4581 Date of Disbursement
Mailing Address 6380 WILSHIRE BLVD #	1612		0 9 M / D 1 8 / Y Y Y O 0 8 Y
City LOS ANGELES	State Zip Code CA 90048		Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION			300.00
Candidate Name		Category/ Type	
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State: CA District:			
Full Name (Last, First, Middle Initial) LYNN WOOLSEY			Transaction ID: SB23.4565 Date of Disbursement
Mailing Address PO BOX 750176			09 / 18 / 2008
City PETALUMA	State Zip Code CA 94975		Amount of Each Disbursement this Period
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NAME OF COMMITTEE (In Full) American Academy of Nurse Practitioners,	Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Nurse Practitioners, Committee Mailing Address PO Box 40473	Political Action	Transaction ID: SB29.4841 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement PAYMENT FOR COOKBOOKS	State Zip Code DC 20016	Amount of Each Disbursement this Period 14210.77
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